

# RELACTATION

## Guidelines for Provider Support

based on WHO/UNICEF recommendations for practice



MISSOULA CITY-COUNTY HEALTH DEPARTMENT  
<http://www.co.missoula.mt.us/HealthServices>

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## Overview



- Relactation Defined
- Why Relactate?
- 3 Keys for Relactation Success
- Relactation Tool Box
- Relactation Timeline
- Relactation Flow Chart
- Resources
- Discussion

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## Relactation Defined

**Relactation** is resumption of breastfeeding following cessation, or significant decrease in milk production.



Kathleen G. Auerbach PhD, Jimmie Lynne Avery  
 PEDIATRICS Vol. 65 No. 2 February 1980,

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## Relactation Defined con't.



**WHO:** A woman who has stopped breastfeeding her child, recently or in the past, can resume the production of breastmilk. This potentially life-saving measure is called relactation. Many women who relactate can produce enough milk to breastfeed an infant exclusively.

**AAP:** Although relactation is an accepted fact in many cultures, even well-trained pediatricians in both the developed and developing countries may be unaware of the potential relactation has in good infant care.




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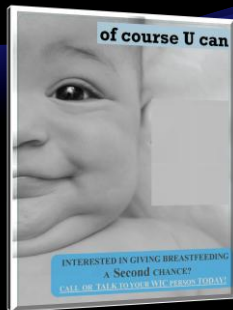
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## Objective of Relactation Project 2010



To **re-establish** the lactation relationship between a mother and her 0 to 6 month old infant.

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## When would a mother relactate ?

Interrupted breastfeeding due to:

1. Breastfeeding Mismanagement:  
*Improper technique/latch/  
motivation & confidence*



2. Surgery/ Illness:  
*Cleft palate/postpartum recovery*




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## When would a mother **relactate** con't ?

### 3. Emergency / Disaster Situations:



Hurricane Katrina , 2005



Haiti ,2010

\* relactation can be the best choice of feeding and should become a standard health intervention

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## Special Considerations

### a) H<sub>1</sub>N<sub>1</sub>

If women want to boost their babies immunity by breastfeeding, whether she has had the flu vaccine or not, relactation can be beneficial.

H<sub>1</sub>N<sub>1</sub> Virus

### b) Kim Family

Stranded in mountain pass for 9 days. Credited breastfeeding 7 month old and 4 year old daughters for survival.



Oregon 9 days - 2006

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## 3 Keys for relactation success

### 1. Motivation

A woman is more likely to induce lactation when she & baby are well motivated.



### 2 . Breast Stimulation

Removal of breastmilk is **KEY** to stimulation of milk production in relactation protocol.

### 3. Support

Health workers who care for mothers and children should also be familiar with techniques for helping mothers to relactate.

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## Your Relactation Toolbox



Each toolbox component is mother specific

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## History



What components of a mother's breastfeeding history do you think are important to know?

1. Prior breastfeeding experience.
2. Success at breastfeeding initiation.
3. Why stopped breastfeeding?
4. How long ago was breastfeeding stopped?

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## Motivation



- Motivation is everything.

- A woman is more likely to induce lactation when she is well motivated.



How can we tell if a woman is motivated to relactate?

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## Baby Ability



Will baby attempt to breastfeed?

**Yes**-great

**No** – Inquire about breastfeeding habits of mother/baby & encourage ways to get baby to breast & build supply **let's look at:**

**A:** Physiological & Skin to Skin

**B:** Supplemental Nursing Systems

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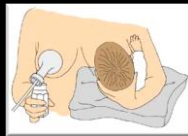
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## Physiological Principles



Production of milk for infant requires:

1. nursing every 2-3 hours 24 hours a day, or stimulation of breasts by pumping
- ↓
2. nipple stimulation to increase prolactin
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3. removal of milk = increase of oxytocin




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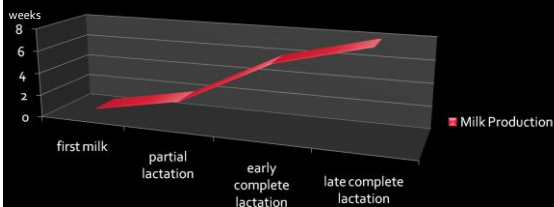
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## Relactation Timeline

♦ Time until milk production, with baby at breast every 2 hours:



1<sup>st</sup> milk- 2 to 6 days  
partial relactation- 4 to 28 days  
complete relactation- 7 to 60 days  
\*usually about 6 weeks, although results vary

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## Supplemental Nursing Systems

Relaxation Toolbox



Syringe and tubing



Nursing Supplementer



Cup Feeding



Eye Dropper

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## Supplementation/SNS guidelines

Discuss how to give other milk feeds while she waits for her breastmilk to increase.

\* note: always give pumped breastmilk before formula if able to

Try an S and S feeder, or a drip system at the breast to entice baby to breast.

Use a cup to feed if the baby does not want to go to the breast at all.

Naturally decrease supplement in conjunction with breastmilk production.

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## Attachment

 Skin to Skin  Pacifier use

Limit feeding bottles and pacifiers. The breast should be offered when the baby shows interest in sucking anything.

Even infants who have only used artificial nipples can usually learn to suckle at the breast if the mother is given skilled help.

Having the baby close to the mother is paramount. Skin to skin as much as possible, co-bathing, moving, rocking, and walking & sling carrying.




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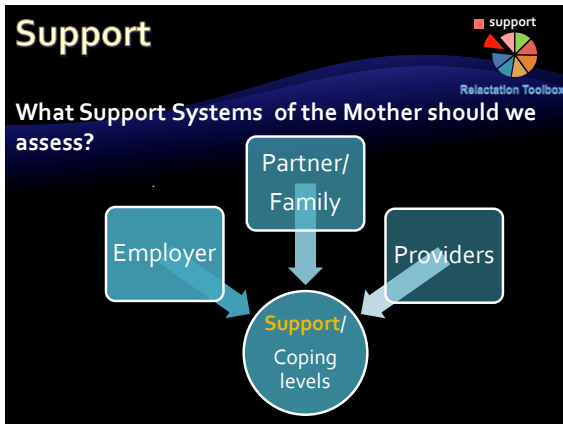
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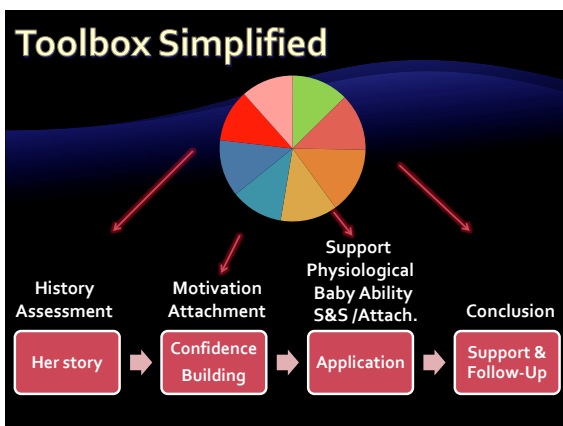
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## Toolbox Applied (step 1)

HER-STORY

➡ History & Assessment

Active Listening

Mom's readiness

Breastfeeding experience

Breastfeeding gap

Why breastfeeding was interrupted




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## Toolbox Applied (step 2)



Confidence  
Building /  
Calming



Motivation  
Attachment

The desire to breastfeed and to re-establish or increase lactation is more important than a woman's physical condition.

Confidence, and adequate motivation of mother is key.

Helping mother to remain calm and grounded. Try not to overwhelm.

Encourage her to trust that her body can make milk!

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## Toolbox Applied (step 3)



APPLICATION



Physiological  
Baby Ability  
SNS  
Support

Offer every 2 hours, 24 hours a day, no time limit in how long the baby stays attached.

Let baby suckle whenever he/she seems interested.

Sometimes it is easiest to get the baby to suckle when he/she is sleepy.

Keep baby with mom & breastfeed at night.

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## Toolbox Applied (step 3 con't)



Baby's Ability – SNS protocol needed?

Babies may be interested in suckling at the breast even without adequate milk supply.

Cup feed/Supplemental Nursing system instead of bottle.

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## Toolbox Applied (step 4)



Provide literature & materials to help mom know if she is developing her milk supply.

Continued skilled help, support & encouragement until goals met.

Educate about local resources .

Intense follow-up in beginning. Re-evaluate after 2 weeks of following protocol.

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## Handouts & Discussion

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